

**United States
Agency for International Development
Regional Economic Development Services Office
(USAID/REDSO)**

**EAST AND CENTRAL AFRICA
MULTISECTORAL HIV/AIDS STRATEGIC PLAN
FY 2004 - 2010**

Approved March 2004

TABLE OF CONTENTS

I.	List of Acronyms and Key Participants in Strategy Development	3
II.	Preface	5
III.	Introduction	6
IV.	Regional Situation	7
	A. Current Status of the Epidemic	
	B. Impact of Conflict	
	C. Food Insecurity and Community Impact	
	D. HIV/AIDS and the Health Sector	
	E. Needs in Prevention, Treatment, Care, and Support	
	F. Target Populations and Sectors	
	G. USAID Bilateral and NPC HIV/AIDS Responses	
	H. REDSO HIV/AIDS Program, 1996-2003	
	I. Implementing Partners for New HIV/AIDS Strategy	
	J. Regional Donors and Regional Programs	
I.	LIST OF ACRONYMS	3
	In carrying out this strategy, REDSO will also look for opportunities to take the lead in bringing together other USAID regional offices, partners from different sectors, bilateral Missions, and other US government agencies to share best practices and develop the knowledge base across the wider Sub-Saharan African region.....	7
IV.	REGIONAL SITUATION	8
	A. Current Status of the Epidemic	8
	B. Impact of Conflict	8
	E. Needs in Prevention, Treatment, Care and Support.....	11
	F. Target Populations and Sectors.....	11
	G. USAID Bilateral and NPC HIV/AIDS Responses.....	12
	H. REDSO HIV/AIDS Program, 1996-2003	13
	J. Regional Donors and Regional Programs	14
	East Africa	15
	East and Central Africa	15
	East and Central Africa	15
	K. External Supports/Constraints	15
	IR4.2. Multi-sectoral activities initiated	27
	REDSO will also look for opportunities to take the lead in bringing together other USAID regional offices, partners from different sectors, bilateral Missions, and other US government agencies to share best practices and develop the knowledge base across the wider Sub-Saharan African region. REDSO will also ensure that the Southern Africa Regional HIV/AIDS Program, the West Africa Regional Program and the Regional Center for Southern Africa are well informed about the progress of REDSO's HIV/AIDS program.	33
	ANNEX A: DEFINITIONS OF COUNTRY DESIGNATIONS	37
	Annex C: Epidemiologic Statistics 2001, by Country	39

	ANNEX D: HIV/AIDS Services Availability and Usage in East and Central Africa	40
	ANNEX E: REDSO/ES A: USAID Mission Activities In Client Countries	41
	K. External Supports/Constraints	
V.	REDSO/ESA HIV/AIDS Strategy for 2004 – 2010	16
	A. Rationale for the Regional Strategy	
	B. Strategic Objectives and Results Framework	
	C. Links with or Contributions by Other REDSO Sector Offices and Bilateral Missions	
	D. Intermediate Results and Activities	
	IR1: Strengthened USAID Mission Technical and Strategic Leadership	
	IR2: Enhanced Human and Organizational Capacity to Respond to the Epidemic	
	IR3: Information Exchanged, Lessons Learned and Best Practices Disseminated	
	IR4: Effective Programs Implemented in Target Populations	
	E. Critical Assumptions	
	F. Implementation Modalities	
VI.	RESULTS AND REPORTING	28
	A. Magnitude and Nature of Expected Results	
	B. Performance Indicators and Targets	
	C. Contribution to PEPFAR and UNGASS Targets	
	D. Surveillance, Surveys and Monitoring and Evaluation	
VII.	RESOURCES AND MANAGEMENT.....	30
	A. Expected Level of Program Funding for the Strategy	
	B. Staffing Complement	
	C. Program Outputs and Results at Higher and Lower Resource Levels	
	D. OE Contribution	
	E. Management	
	F. Environmental Considerations	
VIII.	ANNEXES	34
	A. Definitions of Country Designations	
	B. Map of REDSO Region	
	C. Epidemiological Statistics 2001, by Country	
	D. HIV/AIDS Services Available and Usage in East and Central Africa	
	E. REDSO/ESA: USAID Mission Activities in Client Countries	
	F. Country Coverage of REDSO Partner Organizations	

I. LIST OF ACRONYMS

ABC	:	Abstain until marriage, Be faithful, use Condoms
AIDS	:	Acquired Immune Deficiency Syndrome
ARV	:	Antiretroviral drugs
ASARECA	:	Association for Support to Agricultural Research in East and Central Africa
AU/IBAR	:	African Union's Intergovernmental Bureau for Animal Resources
BCC	:	Behavior Change Communication
CAFS	:	Center for African Family Studies
CBO	:	Community-Based Organization
CDC	:	(US) Centers for Disease Control and Prevention
COMESA	:	Common Market for East and Southern Africa
CRHCS	:	Commonwealth Regional Health Community Secretariat
DFID	:	Department for International Development (United Kingdom)
DOTS	:	Directly Observed Therapy, Short-Course (for TB control)

DRC	:	Democratic Republic of Congo
EAC	:	East African Community
EAFCA	:	East African Fine Coffee Association
FBO	:	Faith-Based Organization
FFP	:	Food for Peace SO, REDSO
FS	:	Food Security SO, REDSO
GDA	:	Global Development Alliances
FY	:	Fiscal Year
GFATM	:	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	:	Human Immunodeficiency Virus
IEC	:	Information, Education, Communication
IGAD	:	Inter-governmental Authority on Development
IGO	:	Regional Inter-governmental Organization
IIE	:	Initial Environmental Examination
IR	:	Intermediate Result
ISP	:	Integrated Strategic Plan
JICA	:	Japan International Cooperation Agency
M&E	:	Monitoring and Evaluation
NC-TTCA	:	Transit Traffic Coordination Authority for The Northern Corridor
NGO	:	Non-Governmental Organization
NHA	:	National Health Accounts
NPC	:	Non-Presence Country (country without a USAID bilateral Mission)
OI	:	Opportunistic Infection
OVC	:	Orphans and Vulnerable Children
PDI	:	Program Development Implementation Office, REDSO
PEPFAR	:	President's Emergency Plan For AIDS Relief
PHN	:	Population, Health and Nutrition SO of REDSO
PLWHA	:	Person(s) Living With HIV/AIDS
PMTCT	:	Prevention of Mother-to-Child Transmission
RCQHC	:	Regional Center for Quality Health Care
REDSO	:	Regional Economic Development Services Office, USAID
SGAC	:	State Global AIDS Coordinator
SO	:	Strategic Objective
STI	:	Sexually Transmitted Infection
TB	:	Tuberculosis
UNAIDS	:	Joint United Nations AIDS Programme
UNESCO	:	United Nations Educational, Scientific and Cultural Organization
UNGASS	:	United Nations General Assembly Special Session on HIV/AIDS
UNICEF/ESARO	:	United Nations Children's Emergency Fund/East and South Africa Regional Office
USAID	:	United States Agency for International Development
US FY	:	United States Government Fiscal Year, 1 October - 30 September
USG	:	United States Government
VCT	:	Voluntary Counseling and Testing
WHO	:	World Health Organization

KEY PARTICIPANTS IN STRATEGY DEVELOPMENT

The **HIV/AIDS Team** refers to the REDSO complement of technical professionals hired under the HIV/AIDS SO who will support the larger REDSO effort to implement an expanded and cross-sectoral regional strategy in response to the epidemic. Current and proposed staffing levels for the team are found in **Section VII**.

The **HIV/AIDS Multi-Sectoral Task Force** refers to the cross-sectoral team convened from all appropriate REDSO offices and SO teams for design and implementation of this strategy. Draft Terms of Reference for the implementation work of the Task Force will be developed upon approval of the strategy. The Task Force is referenced as **REDSO** in this text in discussions of the new strategy and planned activities.

The **Bilateral Virtual Team** consists of PHN and/or HIVAIDS technical professionals designated by management of individual bilateral USAID Missions in the region to participate by electronic communication in development of the strategic framework (SO and IRs) and larger strategy document at critical points in the process. REDSO has committed to in-person meetings with as many members of the virtual team as possible for discussion of the draft strategy and incorporation of their comments before submission of the final document to Washington for approval.

II. PREFACE

With guidance and participation from USAID/Washington, the USAID Regional Economic Development Services Office for East and Southern African (REDSO/ESA) has prepared a new strategy for responding – and supporting bilateral responses – to HIV/AIDS in the region. By focusing on strengthening responses across sectors and enhancing capacities to meet the goals of the Presidential Mother to Child Transmission (MTCT) and the President's Emergency Plan For AIDS Relief (PEPFAR) initiatives, REDSO, in collaboration with USAID/Washington and the State Global AIDS Coordinator's office (SGAC) intends to reduce the impact of HIV/AIDS across the region and demonstrate people-level impact through prevention, care, treatment and support activities.

This strategy has been developed in a collaborative manner to promote broad understanding and buy-in as the more challenging work of implementation gets underway. The strategy development process has also benefited from two extended TDYs by Washington-based teams representing the Africa Bureau, Bureau of Policy Planning and Coordination, and Office of HIV/AIDS in the Bureau for Global Health. During the course of its development, extensive consultations with the following critical constituencies have been undertaken:

- Bilateral Missions
- USAID/Washington stakeholders
- REDSO management
- All office and SO teams within REDSO
- Other USAID Regional HIV/AIDS programs
- US Centers for Disease Control and Prevention Kenya Country Office
- The US Embassy to Kenya HIV/AIDS Country Team
- Current and potential African institutional partners
- Representative regional donors
- USAID cooperating agencies and other implementing partners
- Faith-based organizations operating regionally

III. INTRODUCTION

In June 2002, the White House introduced the Presidential Mother and Child HIV Prevention (MTCT) Initiative. The five-year, \$15 billion President's Emergency Plan For AIDS Relief (PEPFAR) was signed by the President in May 2003. The new initiative identified 14 countries worldwide to receive substantial resources and increased funding to support prevention, care, treatment, and support programs for HIV/AIDS infected and affected individuals. With five of the PEPFAR countries within the East and Central Africa region and supported by USAID bilateral Missions, USAID/REDSO will take a leadership role in the region to provide prevention, care, treatment and support activities to reinforce and/or complement bilateral programs, share best practices, provide state of the art technical assistance, and collaborate with regional donors and institutional partners to deliver and monitor regional programs that both address the key mandates prescribed in the President's Initiative (PEPFAR) and those from USAID/Washington.

The REDSO region includes 12 countries for HIV/AIDS programming purposes (see Annex B for map of countries):

PEPFAR Countries: Ethiopia, Kenya, Rwanda, Tanzania, Uganda

Basic Countries: Eritrea, Democratic Republic of Congo, Madagascar, Sudan

Non-Presence Countries: Burundi, Djibouti, Somalia

Priority Areas and Vision 2004 - 2010

REDSO's new regional HIV/AIDS program is positioned to contribute substantial interventions that will support the PEPFAR countries and achieve results that will stabilize and mitigate the HIV/AIDS pandemic in the region. It will achieve results by:

- providing dedicated technical specialists focusing exclusively on HIV/AIDS;
- developing best practices and methodologies;
- collaborating and developing partnerships with private sector;
- collecting and disseminating lessons learned and best practices from the region;
- leveraging the international donor community to rapidly respond to the epidemic crisis;
- addressing cross-border issues, tracking mobile populations and implementing rapid response HIV/AIDS programs and targeting activities for conflict-affected groups and other socially marginalized populations.
- building on past and current investments in REDSO's AIDS programs.

The new strategic objective for AIDS and its strategy directly respond to and address the mandates in the USAID HIV/AIDS 2002 Operational Plan. REDSO will provide strategic support to the PEPFAR countries, collaborating closely with bilateral Missions in order to achieve the results called for by the PEPFAR. Through support to the bilateral and non-presence countries, as well as implementation of regional prevention, care and support programs, REDSO will strengthen programs in the region, which will contribute to reducing the impact of HIV/AIDS on vulnerable populations throughout the region.

In carrying out this strategy, REDSO will also look for opportunities to take the lead in bringing together other USAID regional offices, partners from different sectors, bilateral Missions, and other US government agencies to share best practices and develop the knowledge base across the wider Sub-Saharan African region.

IV. REGIONAL SITUATION

A. Current Status of the Epidemic

AIDS is the leading cause of death in Africa with significant demographic, health, economic, human rights and political repercussions. At present Sub-Saharan Africa has the highest HIV prevalence in the world. The epidemic in the REDSO region for HIV/AIDS programs, comprised of 12 countries in East and Central Africa, continues to devastate the population. The REDSO region is home to only 5% of the global population, but accounts for 22% of adults living with HIV, 34% of the AIDS orphans, and 22% of AIDS deaths in 2001. The REDSO countries report over 8 million adults and 830,000 children living with HIV/AIDS, with numbers increasing daily (see Annex C). The epidemic claimed an estimated 800,000 lives in 2001, bringing the number of children orphaned by AIDS in the region to over 4.7 million.

The status of the epidemic varies widely among different countries in the REDSO region and different areas of the same country. The overall prevalence of HIV in the region is 5.7%, compared to a global prevalence of 1.2%. Several countries (Madagascar, Sudan, Somalia, and Djibouti) have reported prevalence of HIV/AIDS ranging from 0-5%, while the prevalence in Eritrea and DRC is approximately 5%, compared to the highest rate of 13.9% in Kenya. The numbers of adults living with HIV ranges from 21,000 in Madagascar to over 2.3 million in Kenya (UNAIDS, Report of the Global HIV/AIDS Epidemic, 2002).¹

UNAIDS also reports alarming numbers of children in the region living with HIV/AIDS, including over 230,000 infected in Ethiopia alone. Further compounding the crisis in the region is the reported number of children orphaned by AIDS—ranging from a low of zero reported in Somalia (likely an artifact of near non-existent public health/surveillance capacity), to some 6,000 in Madagascar, to nearly one million in Ethiopia. These numbers have serious implications for future development of Africa's youth. Even more alarming is that the rates of HIV for young girls are five times higher than young boys, which will further exacerbate discrimination against girls and young women. Without significant programs targeting orphans and youth with a strong gender emphasis, young women and youth in general will suffer continuing discrimination and stigma associated with HIV/AIDS, disproportionately high rates of infection, and significant declines in household income and resources.

B. Impact of Conflict

The REDSO region includes some of the worst examples of failed states in recent history. Many countries have been challenged by serious tensions, major civil conflicts, cross-border rebellions and inter-state warfare. Some of the individual countries – Eritrea, Ethiopia, Rwanda – have succeeded in mitigating conflict and fostering dialogue and are providing a more stable environment. Other countries – DR Congo, Burundi, Somalia, Sudan – are still in dynamic transition. Two cross-border zones continue to plague national efforts at peace: the Horn of Africa (comprising Ethiopia-Somalia-Kenya-Uganda) and the Great Lakes Region (Uganda-DRC-Rwanda-Burundi-Tanzania).

Violent conflict has been long recognized as a factor in influencing the HIV epidemic. While conventional wisdom may assume that all of this influence is negative, conflict sometimes can *inhibit* HIV transmission through isolation of communities, closure of major transport corridors, decreased migration, conflict-related mortality, decreased levels of sexual activity, and disruption of sexual networks.

¹ Estimates of HIV prevalence rates have recently been revised downwards in several countries following population-based surveillance surveys to determine prevalence. For consistency in making comparisons, this report uses UNAIDS 2002 data. UNAIDS is currently revising its data sets.

Conflict can also *promote* HIV transmission by destruction of the social and physical infrastructure; loss of essential services, such as blood safety; population displacement that can lead to increased levels of casual or commercial sexual activity; increased interactions among civilians and combatants/military; increased sexual violence and predation; mass migration, which enhances sexual mixing among populations; and the destruction of public health education mechanisms.²

REDSO's expertise in responding to the impacts of conflict will add value to REDSO's HIV/AIDS response. The Regional SO on Conflict Prevention, Mitigation and Response (hereinafter called the Conflict SO) supports several local networks in conflict mitigation and management. These networks comprise regional, national and sub-national government, non-governmental organizations (NGO), faith-based organizations (FBO), community service organizations, and commercial private sector actors that collaborate on a geographic-specific and/or topic-specific basis to address conflict.

Mitigation and management of cross-border conflicts is not only essential to security and ultimate development of the region, it is essential to efforts to prevent and treat HIV, and to mitigate the impact of the epidemic.

C. Food Insecurity and Community Impact

The eight million people living with HIV/AIDS in the REDSO region not only suffer the disease but also are crippled in their ability to care for their families. Their children, in turn, suffer poverty and hunger as well as the eventual loss of one or both parents. The suffering extends beyond the immediately afflicted families. Communities lose farmers, teachers, doctors and other productive people; countries suffer from depleted workforce and diminished farm production. With the increased food insecurity and the unraveling of the social fabric comes a greatly heightened potential for conflict. These widespread, non-health hardships are also part of the epidemic's vast impact.

The HIV/AIDS pandemic affects the food security of millions of households and their communities in multiple ways. Scarce cash income is diverted and assets including domestic animals are sold to pay for medical costs and funerals, reducing resources available for agricultural production. Production declines and becomes more erratic, which affects both direct food availability and cash income from marketing. Reduced nutrition increases the susceptibility of both infected and non-infected people to disease. Declining food security, caused by disruptions in both agricultural production and other sources of cash income, forces people into migrant labor and prostitution, which puts them at increased risk of infection. The details of these secondary effects vary from place to place across the region, but their aggregate effect is significant.

REDSO's Food Security team works closely with bilateral Missions and a range of regional partners in the areas of agricultural research to improve productivity and smallholder incomes, increase regional trade, and promote the sustainable management of the environment. The team is part of the Initiative to End Hunger in Africa (IEHA), along with the Uganda, Kenya, and Tanzania Missions and manages the Nairobi hub of the TRADE initiative. Operational partners are being mobilized for research to improve understanding of the impacts of HIV/AIDS in selected contexts across the region. Strategies and technologies to mitigate these effects can be tested and diffused regionally, using existing networks and information webs that include many different kinds of regional, national, and private institutions working in the sector. Ongoing

² Adapted from: Conflict and HIV: A Framework for Risk Assessment to Prevent HIV in Conflict Settings, CERTI and Tulane University, 2002.

work to support organizational development and gender analysis will be broadened to more specifically target issues of HIV/AIDS in the workplace.

Clearly, HIV/AIDS represents a severe development crisis in sub-Saharan Africa. The REDSO targeted countries are severely affected by the HIV/AIDS emergency. Even if exceptionally effective prevention, treatment and care programs are implemented immediately, the scale of the epidemic and the human and socioeconomic toll will be massive for many generations to come. In light of this, immediate and effective cross-sectoral responses to HIV/AIDS, including interventions focusing on care and treatment, prevention, agriculture and food security, as well as gender equity, education, poverty reduction and good governance, are critical for the REDSO region.

D. HIV/AIDS and the Health Sector

The Presidential Assistance Act on HIV/AIDS, Tuberculosis and Malaria states that “HIV/AIDS is first and foremost a health problem. Successful strategies to stem the spread of the HIV/AIDS pandemic will require clinical medical interventions, the strengthening of health care delivery systems and infrastructure, and determined national leadership and increased budgetary allocations for the health sector in countries affected by the epidemic...” The health sector is the sector with primary responsibility for responding to the HIV/AIDS epidemic in terms of providing care for people infected with HIV/AIDS and in terms of preventing new infections. With over 30 million people living with HIV infection in sub-Saharan Africa, the magnitude of the impact of HIV/AIDS on the performance of health systems and health workers is enormous. HIV/AIDS has greatly increased the demand for health services in both quantity and complexity, since persons with AIDS require an increased range of health care and social services, from palliative care of symptoms, to prevention or treatment of acute, opportunistic infections, to care for terminal conditions. The scale of this increased disease burden has overwhelmed already fragile health systems, increasing provider workload and reducing provider motivation, causing displacement of care and quality for other patients, consuming health care budgets, and ultimately reducing the capacity of countries in the region to respond adequately.

Clearly, if countries are to respond to the expanding epidemic by scaling up prevention, treatment, care and support services while maintaining essential services in maternal and child health, family planning and reproductive health, malaria, and tuberculosis, health sector infrastructure and service delivery systems will need to be strengthened. Countries will need to give attention to addressing HIV/AIDS in service delivery settings affected by HIV/AIDS and in which health workers are regularly exposed to HIV/AIDS-infected and affected individuals. Finally, countries will need to address HIV/AIDS in the context of existing health services and systems by promoting service integration between HIV/AIDS and family planning, safe motherhood, child health and tuberculosis and malaria, which are increasingly being recognized as venues through which to address HIV/AIDS prevention, treatment, care and support issues.

REDSO's population, health and nutrition team collaborates with regional partners and USAID bilateral programs to increase African capacity to strengthen health systems and services in the region. Regional activities have emphasized the integration of health and HIV/AIDS issues, and support for activities such as the development of national service guidelines and pre-service training curricula on the nutritional care of persons living with HIV/AIDS, the design of job aids and tools to improve worker performance in counseling PLWHA on nutrition and on PMTCT, and the dissemination and institutionalization of approaches such as the GOALS model (a model for assessing the impact of resource allocations for HIV/AIDS) and National Health Accounts sub-accounts on HIV/AIDS and tuberculosis, will enhance national health sector planning and provide valuable modalities for regional expansion. Additionally, regional activities to link HIV/AIDS services with tuberculosis programs, with nutrition programming and with family planning service delivery will offer valuable lessons for broader scale up in the region. Hence this strategy will focus on these elements and ensure that programs linking family planning

service delivery and HIV/AIDS prevention, treatment, care and support are addressed and implemented.

E. Needs in Prevention, Treatment, Care and Support

While there are documented success stories demonstrating declines in HIV prevalence in some areas of the continent, the HIV/AIDS crisis and emergency is rampant in sub-Saharan Africa. HIV/AIDS exacerbates existing problems, such as gender disparities, macroeconomic decay and poverty, food insecurity and political destabilization.

The differences in the status of the epidemic in countries in the region mean that, although comprehensive programming in prevention, treatment, care and support is needed, program components will require different levels of investment in each country. HIV/AIDS surveillance systems are poor in most of the low-prevalence countries. There is an urgent need to support regular, reliable HIV/AIDS seroprevalence studies among mobile populations and other high-impact groups in order to understand the progress of the epidemic and effectively program interventions.

While Uganda has been promoted as a model for successful and early interventions to combat HIV/AIDS, there is much work to be done there as well as in the rest of the region in scaling up treatment. Access to anti-retroviral therapy and numbers of patients taking them is low everywhere in the region (See Annex D). WHO reported 5,000-8,000 people receiving ARVs in 2001 in Uganda, where over a half million adults are infected, and none reported in Ethiopia where nearly two million adults are living with HIV/AIDS.³

The number of women with access to prevention of mother to child transmission services (PMTCT) in the region is also low; Uganda and Kenya have an increasing number of programs underway, but other countries are just beginning. Further, HIV voluntary counseling and testing (VCT) sites are scarce in many countries, especially outside urban centers, and the levels of care for people living with HIV/AIDS are minimal.

Without significant and substantially expanded prevention, treatment and care interventions across all sectors in the region, the AIDS death toll on the continent will continue to rise. The worst of the epidemic's cumulative impact will be felt in the course of the next decade and beyond.

F. Target Populations and Sectors

This strategy will address all program sectors currently within REDSO. The HIV/AIDS SO will work closely with the Health SO team in supporting private and public health care delivery systems. Programs will involve the education sector and the business/trade sector, as well as strengthening African institutions across sectors to deliver quality HIV/AIDS programs. Where feasible, HIV/AIDS interventions will be developed with the Food Security SO and Food for Peace program and targeted toward vulnerable, food-insecure populations affected by HIV/AIDS. Programs will also address marginalized populations in areas of conflict or post-conflict targeted by the Office of Foreign Disaster Assistance (OFDA) and the Conflict SO team. Programs dealing with discrimination, human rights and stigma will be addressed with the Conflict SO.

Specific activities will address gender issues that place women, particularly young women, at high risk. It will be important to fully understand the gender issues that will affect REDSO's programs (particularly the cross-border interventions), including sectoral issues such as

³ Coverage of selected health services for HIV/AIDS prevention and care in less developed countries in 2001, World Health Organization, November 2002

women's access to employment, agricultural inputs and labor, and training. The HIV/AIDS team will work closely with REDSO's Gender Advisor to ensure that program designs and activities are based on that understanding.

The vulnerability of youth to HIV/AIDS infection and the increasing number of young people affected by HIV/AIDS are also major concerns. Virtually all USAID's bilateral programs are addressing youth as a target audience. The regional program will play an important role in reaching marginalized youth groups (such as IDP communities, street children, child soldiers, children in border communities where feasible) who may not be addressed by bilateral programs. The regional program can also support research and exchange lessons learned to deepen understanding about the varied values, influences, and contexts that affect youth's sexual behavior, and the best approaches to reach youth with HIV prevention and care. Close collaboration with the education sector, working with both formal and non-formal education, will be particularly important.

REDSO will place special program emphasis on potentially high risk or marginalized migrant, cross-border and post-conflict groups, who are often not reached by USAID bilateral programming. These populations are particularly vulnerable to HIV infection due to their loss of community structures, exposure to sexual violence and the lack of access to services.

The region is home to more than two million refugees. Conflict is on-going in many parts of the region, and refugees and internally displaced populations will continue to be present in large numbers. REDSO will design programs that reach women and youth within those populations, since both groups are at high risk of HIV infection, particularly in conflict-affected areas.

G. USAID Bilateral and NPC HIV/AIDS Responses

The REDSO region is composed of countries where the HIV/AIDS epidemic and its response are at vastly different levels, as shown in Annex C. These differences are also reflected in the level of resources available to USAID Missions. Within the region, five countries (Ethiopia, Kenya, Rwanda, Tanzania, and Uganda) have been included in the President's Emergency Plan For AIDS Relief (PEPFAR). Four countries are classified as "basic" countries (Democratic Republic of Congo, Eritrea, Madagascar, Sudan); and three are non-presence countries (Burundi, Djibouti, and Somalia).

In most of the non-presence countries, activities in the 1990s were primarily focused on prevention. Some countries initiated early, though limited, programs in care and support, particularly in home-based care and orphan support, working through faith-based and community organizations. Starting in about 2000, VCT programs became a significant component of an increasing number of country programs. PMTCT programs, however, are only now being scaled up, and the lack of USAID experience in large-scale treatment and care programs will present a major challenge to countries.

Specific gaps in the basic countries with respect to programming include support for surveillance systems, TB and HIV linkages, prophylaxis and treatment for opportunistic infections (OI), logistics and commodities systems and, most notably, provision of VCT and PMTCT services. Additionally, multi-sectoral programs, including programs linking food security and nutrition with families affected by HIV/AIDS, are in their early stages. Few bilateral programs address refugee populations. In selecting issues for exchange of lessons learned, training, and intervention-linked research, REDSO will give to priority to these areas in order to add value to bilateral programs.

The role of REDSO in non-presence countries (NPCs) is substantively different than in countries with a bilateral Mission. Overall responsibility for these programs rests with REDSO's Non-Presence Country Office and with the individual units assigned to each country; however, since

these units do not typically have health officers, REDSO/PHN and the HIV/AIDS team are closely involved in planning and supervision of health and HIV/AIDS interventions.

Among the non-presence countries (Burundi, Djibouti, and Somalia), conditions in Somalia make HIV programming difficult, while Burundi has some rather advanced programs. In Djibouti, USAID health programs are in the earliest planning stages, and may include HIV/AIDS programming at a later stage. The Sudan program has developed its own ISP and will program, contingent on availability of funding, an HIV/AIDS program under its health strategic objective.

H. REDSO HIV/AIDS Program, 1996-2003

REDSO initiated a formal HIV/AIDS program in 1996 within the Population, Health and Nutrition (PHN) SO with funding leveraged from the then separate Population and Child Survival accounts. Since 1999, funding committed to HIV/AIDS has grown.

<u>Year</u>	<u>HIV Funding</u>
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Under Strategic Objective 7: *Enhanced regional capacity to improve health systems*, REDSO's health program has four major objectives and areas of activity:

1. Improved Viability of Regional Partner Institutions
2. Broadened Technical Resource Base
3. Expanded Utilization of Critical Information, and
4. Expanded Policy Dialogue

The REDSO HIV/AIDS program has functioned under the health Strategic Objective since its inception. Important investments have been made in regional networks – faith-based, behavior change communication and pediatric AIDS – and it will be important to continue to build these networks in order to respond to the demands now being put on regional programs. However, under the 2004-2010 regional HIV/AIDS strategy, REDSO will implement an HIV/AIDS strategic objective that will focus on reducing the impact of the epidemic through strategic approaches that include the implementation of cross-sectoral HIV/AIDS programs for the region.

Under the health SO, REDSO's HIV/AIDS program selected activities in training, policy and advocacy, networking, and dissemination of information that would ultimately filter down to and affect services at the community level. Key HIV/AIDS activities for each partner are outlined below.

- **Regional Centre for Quality of Health Care:** Building institutional capacity through support for an HIV/AIDS Advisor; support for improved health policies and services, dissemination of critical information and building health provider capacity; secretariat for BCC network for HIV/AIDS and African Network for Care of Children Affected by HIV/AIDS
- **Centre for African Family Studies:** Furthered human capacity in HIV/AIDS through training needs assessment in 12 countries; increased capacity of the private sector in HIV/AIDS by developing a course for workplace managers on HIV/AIDS programming
- **Commonwealth Regional Health Community Secretariat:** Building institutional capacity through support for an HIV/AIDS Coordinator, strengthening health systems related to HIV/AIDS; policy development through funding regional studies of VCT, PMTCT, and adolescent sexual and reproductive policies and best practices; support for pre-service training of medical personnel by holding a curriculum module development workshop with heads of university medical departments and medical and nursing schools

- **Family Health International/IMPACT:** Support for skills-building and regional exchange of lessons learned; funding cross-border programming through staff support to the Great Lakes Initiative on HIV/AIDS, support to faith-based network.

I. Implementing Partners for New HIV/AIDS Strategy

USAID/REDSO's 2004-2010 HIV/AIDS program will continue to work with and build on past and current investments in the African institutions supported by REDSO/PHN where feasible. The program will identify, select and work with new African partner institutions, the World Bank, donors, non-governmental organizations and faith-based organizations from all sectors with demonstrated experience in the implementation of regional programs. Throughout the life of the strategy and HIV/AIDS program, REDSO will continue to identify potential implementing partners and work with those selected when and where feasible.

REDSO's HIV/AIDS program will provide technical assistance and support to regional programs utilizing direct contracts and/or grant agreements with various institutions and partner organizations and central USAID agreements with cooperating agencies through the field support mechanism. With its new multi-sectoral approach, REDSO's regional HIV/AIDS strategy will achieve results in the areas of prevention, treatment and care by operating through a range of regional inter-governmental organizations (see Annex F for countries included in each organization); regional non-governmental organizations (NGOs); as well as the private sector.

J. Regional Donors and Regional Programs

Both the number of donors contributing to regional programs and the funding for regional programming has grown substantially in the last two years. In addition, regional programs are operating in a context of greatly increased funding for country programs through the PEPFAR Initiative, the Global Fund for AIDS, Tuberculosis and Malaria, and the World Bank's Multisectoral AIDS Program (MAP).

The World Bank's MAP has recently expanded to include a regional program, which includes support for the Great Lakes Initiative on AIDS (GLIA). UNICEF, UNESCO, UNAIDS, and the Swedish International Development Agency (SIDA) have been supporting regional activities in East and Central Africa for the past few years; Development Cooperation Ireland and JICA started new regional programs in 2002. Major NGOs, like ActionAid, Save the Children, and the Regional AIDS Training Network (RATN) are also working on regional projects. This growing attention to regional issues reflects the understanding that country programs cannot analyze or address issues affecting sub-regions—such as use of cross-border health systems or movement of refugee populations.

REDSO remains, with the World Bank, one of the major donors for regional activities in East and Central Africa. However, it has now become vital to coordinate among donors to prevent duplication of programming. For example, the World Bank's regional program plans to support HIV/AIDS prevention and care among refugee and IDP populations, and to support training in monitoring and evaluation—both also areas of interest for REDSO. ActionAid is interested in behavior change communication issues; UNESCO in regional journalism training. UNICEF has taken the lead in the regional working group for PMTCT and in issues related to orphans.

Responding to the need for coordination, in 2002 REDSO and UNICEF formed an HIV/AIDS Regional Coordinating Group comprised of donors and PVOs with regional programs. The group includes REDSO, the UNICEF/ESARO office, UNAIDS, the World Bank, UNESCO, ActionAid SIPAA, JICA and RATN. The objectives of this group, which meets twice a year, are

to share information, workplans, strategic frameworks and meeting updates, in order to increase the complementarity of programming, avoid duplication, and identify gaps. In addition, as PEPFAR implementation proceeds and focuses USG programming on specific target areas, REDSO will expand its regional role of coordination with other donors and organizations to ensure that any gaps in programming or funding are addressed by the donor community.

At a Regional Coordinating Group meeting in February 2003, members reported on their regional programs and areas of interest, which are outlined in the following matrix.

Table 2. Regional Coordinating Group Matrix of Program Areas

Organization	Region	Area of Focus
ActionAid, SIPAA	Burundi, Ethiopia, Ghana, Rwanda	Capacity Building, Communication, including BCC network, Coordination
Japan/JICA	East Africa	Blood Safety, Test Kits
RATN	East and Southern Africa	Training (course development and training component of MAP program), Capacity Development, Governance, Networking and coordination of training institutions
SCF-UK	Horn of Africa, East Africa, Great Lakes (10 countries)	Education, Protection, Food Security, Care and Support
UNAIDS	East and Central Africa	Great Lakes Initiative on HIV/AIDS (GLIA)
UNESCO	East and Southern Africa	Education, Science and Culture, Communication, especially media and journalist training
UNICEF	East and Southern Africa	Advocacy, Youth, PMTCT, Orphans, Care and Support
USAID/REDSO	East, Central and Southern Africa	Capacity building for African institutions, BCC, FBO and Pediatric AIDS networks, Training of health providers, Prevention, care and support, PMTCT
World Bank	East and Central Africa	MAP programs in countries, Support to GLIA, Refugee/IDP program under development

K. External Supports/Constraints

Supporting factors that will facilitate successful implementation of a new REDSO HIV/AIDS strategy include:

- Existence or emergence of regional networks in key technical areas including behavior change communication, pediatric AIDS, nutrition and HIV, faith-based organizations;
- Strong Mission leadership and a cross-sectoral HIV team comprised of all relevant REDSO organizational units (HIV, Health, Food Security, Conflict, Food for Peace, OFDA);
- Strong bilateral Mission programs focusing on key initiatives in HIV/AIDS;
- Strong and continued collaboration and buy-in from bilaterals;
- Leadership from multi-sectoral African IGO and NGO partners;
- Continued leadership at the national level in most countries;
- Coordination and collaboration among regional donors;
- Continued increases in funding for HIV/AIDS from multiple sources.

Constraints to successful implementation of a new REDSO HIV/AIDS strategy will include:

- Political instability and conflict;
- Inadequate resources and both geographic and population-specific disparities in access to resources;
- Lack of both USAID experience and in-country systems for provision of HIV care and treatment;
- Attrition of key professionals as professionals from all sectors, but particularly in the education sector, are dying of HIV/AIDS in increasing number;
- “Brain drain” as experienced HIV/AIDS professionals in key cadres – especially health professionals – migrate to other parts of the continent, Europe, and elsewhere;
- Lack of capacity by bilateral Missions, REDSO and African governments to effectively manage scaled-up resources;
- The time and training needed to develop effective working relationships as REDSO brings on new partners to address new cross-cutting regional issues.

V. REDSO/ESA HIV/AIDS STRATEGY FOR 2004-2010

A. Rationale for the Regional Strategy

As a consequence of renewed efforts by USAID to escalate its efforts to combat HIV/AIDS, there has been a clear mandate to strengthen regional offices with increased technical and programmatic expertise. The 2002 USAID HIV/AIDS Operational Plan outlines the following roles for regional offices world-wide:

- analysis of the epidemic within the region;
- technical assistance to basic and priority countries in the region;
- implementation of regional programs which address the most severe sub-epidemics, the most at-risk groups, and cross-border migratory populations;
- partnerships with donors in the region and assistance to countries in the region to secure funding from other sources, most notably the GFATM; and
- provision of support to non-presence countries.

The Presidential Emergency Plan for AIDS Relief identifies 14 countries worldwide slated to receive \$15 billion over five years to reach specific targets in prevention, treatment, care and support. Five of the PEPFAR countries fall within the REDSO region (Uganda, Kenya, Ethiopia, Rwanda and Tanzania). The PEPFAR is intended to prevent seven million new infections (60 percent of the projected new infections in the target countries), treat two million HIV-infected people with advanced antiretroviral treatment, and care for ten million HIV-infected individuals and AIDS orphans.

After careful consideration of the mandate of regional offices, the existing structure of REDSO, and the need to be responsive to both the Presidential Initiatives and the renewed commitment of the Agency to combating the epidemic, REDSO senior management accepted the recommendations of the Phase I strategy team to add a comprehensive strategic objective addressing HIV/AIDS in the region, and to establish an HIV/AIDS Team and a Multisectoral Mission Task Force to guide and manage the new SO. The new SO will focus on assisting Missions to reach Presidential Initiative targets in prevention, treatment and support and will fulfill the mandates for regional offices specified above.

REDSO will adopt a team approach to fulfill its mandate by linking with AID/Washington and the PEPFAR core teams to implement the new, combined USG approach to HIV/AIDS. REDSO will be represented on the core PEPFAR teams for Ethiopia, Kenya, Rwanda, Tanzania, and Uganda. REDSO will also strengthen communication links with AID/Washington and with other USG agencies and to make REDSO's technical expertise available to other donors and agencies. Mechanisms to ensure improved communication might include a regular bi-weekly conference call with AFR/SD and GH offices and jointly planned TA schedules.

B. Strategic Objective and Results Framework

The strategic objective of the new REDSO HIV/AIDS strategy is “**Strengthened Programs for HIV/AIDS in the Region.**” The strategy will strengthen the response to HIV/AIDS through providing technical assistance, building capacity, and promoting the application of better practices and cost-effective approaches throughout the region. It will also work directly to strengthen programs for target populations that are not currently reached by USAID Missions. Programs targeted will include prevention efforts to reduce the spread of HIV, systems and programs of treatment and care for infected individuals, and programs to reduce the impact on affected families and communities contending with increased orphaning and impoverishment, as well as the population level impacts of the epidemic such as food insecurity and economic decline.

It is important that bilateral Missions, non-presence countries, and REDSO are positioned to provide the continuum of prevention-to-care and treatment interventions required to slow and ultimately reduce the impact of the epidemic. This will be achieved through a four-pronged strategy designed to address both the requirements of the Presidential Initiatives and the mandates for regional offices specified by USAID/Washington. The four priority areas are intended to:

- Strengthen Mission leadership;
- Strengthen policies and systems;
- Improve the quality and availability of data in the region; and
- Promote the use of effective interventions in target populations.

This strategy integrates well with other Mission objectives, offers opportunities for multi-sectoral efforts, and complements the HIV/AIDS responses of bilateral programs in the region. The regional program will play a key role in analyzing changes in the epidemic, expanding partnerships in the region, providing services to hard-to-reach populations or groups otherwise not served by USAID programs, and sharing lessons learned and best practices from on-going programs in the region.

To achieve the objective, four intermediate results will be addressed:

IR1: Strengthened USAID Mission technical and strategic leadership

IR2: Enhanced human and organizational capacity to respond to the epidemic

IR3: Information exchanged, lessons learned, and best practices disseminated

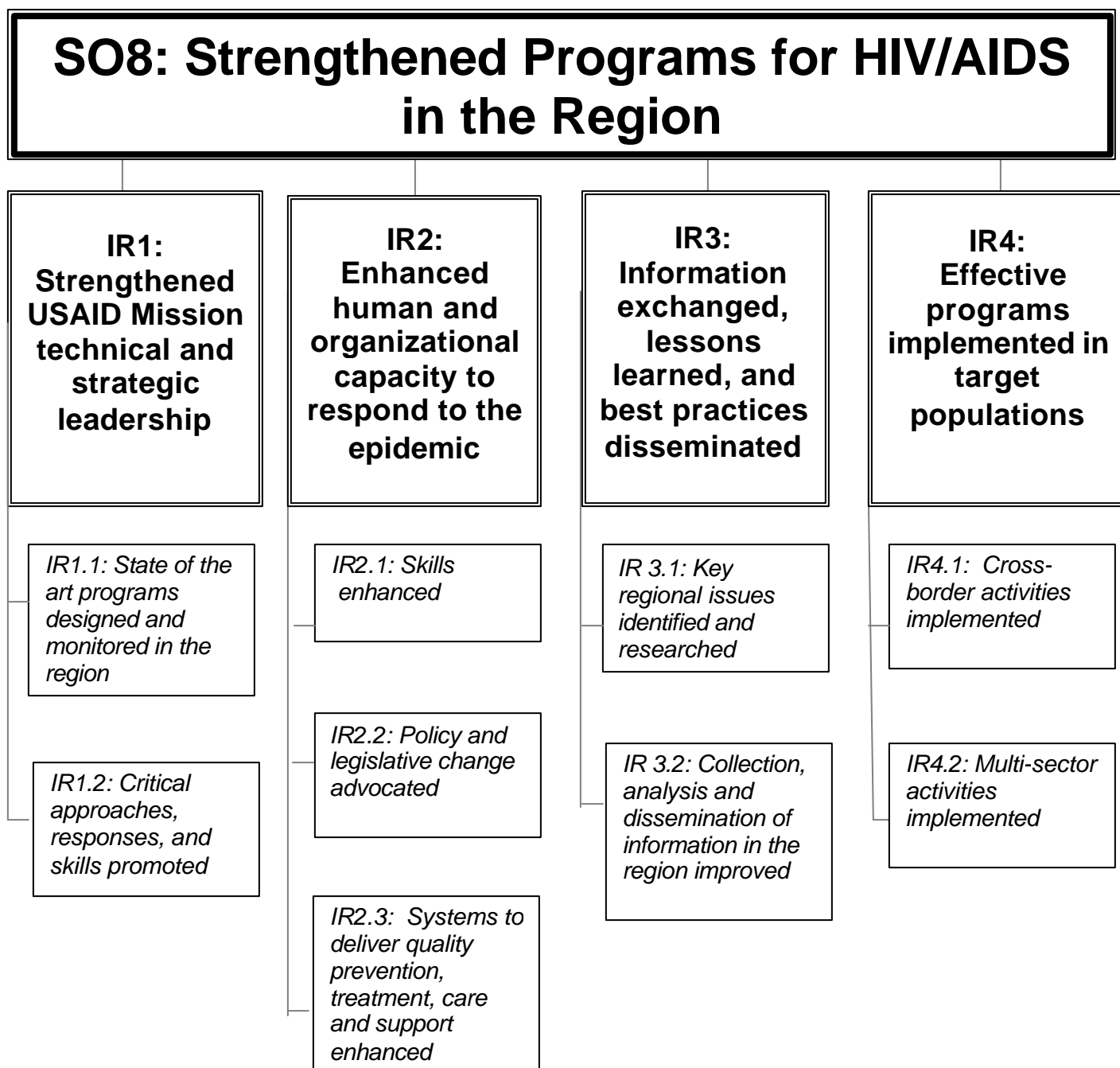
IR4: Effective programs implemented in target populations

The Results Framework is followed by descriptions of the overall purpose and illustrative activities for each of the IRs. Many of the illustrative activities will be carried out in collaboration with other Strategic Objective teams.

C. Links with or Contributions by Other REDSO Sector Offices and Bilateral Missions

The REDSO Multi-sectoral Task Force formed to develop this strategy will adopt new terms of reference and will transition itself to serve as the structure for implementing a multi-sectoral response to HIV/AIDS. In addition to the entire HIV/AIDS Team, the Task Force established in July 2003 is made up of representatives from, the three REDSO Strategic Objective teams (PHN, Conflict, and Food Security), FFP, NPC, Program, Legal, Contracts, OFDA and OTI. REDSO's Monitoring and Evaluation, Gender, War Victims Fund, and Displaced Children and Orphans Fund advisors are also part of the Task Force. The Task Force meets regularly and has played a major role in the development of this HIV/AIDS strategy.

Figure 1. Results Framework



The new strategy reflects the urgent need to strengthen and broaden the response to HIV/AIDS at a regional level. A multi-sectoral approach will enable REDSO to broaden and deepen its analysis of how HIV/AIDS is affecting capacity across sectors, and to work with institutions to strengthen the policy response to HIV/AIDS and extend the reach of HIV/AIDS programming. A wide range of sectors are represented in REDSO, which will allow the HIV/AIDS strategy to be implemented through links with existing programs in health, relief, food aid, food security, education, children in conflict areas, trade, agriculture, the environment, natural resources, the private sector, conflict resolution, democracy and governance, and gender. The Task Force will play a key role in determining program priorities and in identifying for each sector those populations that are most urgently in need of additional HIV/AIDS programs.

D. Intermediate Results and Activities

IR1: Strengthened USAID Mission Technical and Strategic Leadership

One of the primary roles for regional HIV/AIDS programs is provision of support to countries with bilateral USAID presence as well as those where there is no USAID Mission. The new HIV/AIDS framework maintains the provision of in-country support and recognizes it through this IR. REDSO's role throughout the region is to provide the necessary support to country programs in order to achieve the highest possible level of results and to assure sharing of lessons learned across the region.

In presence countries with large HIV/AIDS budgets, assistance is often in the form of sharing lessons learned and conveying new information on best practices and new program opportunities. In smaller countries, with fewer resources, the assistance will be far more technical in nature – including assistance with the design of new program areas and technical inputs in prevention, treatment, care and support.

Within the five PEPFAR countries, REDSO will facilitate the coordination of information on approaches and best practices across these countries in order to facilitate the achievement of rapid results. REDSO representation on the PEPFAR teams will provide an excellent foundation for continuing collaboration with AID/Washington, SGAC and other USG agencies in providing timely and appropriate information.

Both PEPFAR and non-PEPFAR countries are affected by many of the key HIV/AIDS issues in the region. For example, vulnerability of high-risk groups affected by cross-border transport and the lack of surveillance or survey data could be addressed on a regional basis. An additional REDSO role will be to transfer lessons learned in the PEPFAR countries to non-initiative countries in the region. These countries, which will receive approximately \$330 million in World Bank AIDS funding over the next few years, may need bilateral technical assistance to effectively mobilize funds.

The HIV/AIDS SO will have an increasing emphasis on sharing lessons learned in order to assist NPCs in scaling up their programs. Additionally, since health care services in NPCs have often been severely reduced by the effects of civil war and conflict, REDSO will focus on ensuring that programs link populations in those countries with services. This will include providing technical assistance to ensure that any HIV prevention, treatment, and care services that high-risk populations receive is of high quality.

IR1.1: State of the art programs designed and monitored in the region

REDSO's activities in PEPFAR and non-PEPFAR countries will be part of a new regional approach that links USAID programs to the new, combined USG approach to HIV/AIDS. In PEPFAR countries, activities will revolve around providing technical support (as requested) for

the implementation and scale-up of PMTCT, treatment, care, and support activities with USAID Missions and partners. In other bilateral presence countries and in its work in support of non-presence countries, REDSO activities will involve technical assistance in the design, implementation, management, and evaluation of HIV/AIDS programs. For all countries, REDSO will promote the dissemination and integration of program results from around the region and internationally (see below).

Illustrative Activities

In PEPFAR countries, REDSO will:

- Provide technical assistance in the planning and funding elements of program implementation
- Work with partners to ensure that sound policies and systems are in place for the appropriate management of pharmaceuticals and other procured commodities
- Provide assistance as requested to coordinate information and data needs related to PEPFAR (e.g. preparation of program documents, monitoring and evaluation results, and other reporting requirements, etc.)
- Serve as a conduit to transfer lessons learned (both positive and negative) from countries in the region and from around the world to the PEPFAR countries.

In other bilateral presence countries, REDSO will:

- Continue to provide general technical assistance to coordinate activities and ensure that activities remain “state of the art”
- Support bilateral programs to maintain and further decrease prevalence levels and assist them to design and implement effective responses.

For NPCs, REDSO will:

- Continue support and management oversight, including contributing to design teams and strategy development for both USAID and donor groups,
- Provide opportunities for country representatives to attend meetings and workshops

IR1.2: Critical approaches, responses, and skills promoted

HIV prevention, care, treatment and support is a rapidly growing and evolving field. In order to facilitate USAID’s continued leadership role in HIV programs, REDSO will conduct analysis of emerging issues in the region and will work proactively with bilaterals to integrate new approaches and elements in their programming through a variety of mechanisms, including direct TDY visits, brokering technical assistance from other sources, and regional technical workshops.

Illustrative Activities

- Study tours including USAID bilateral Mission personnel to review new programs, e.g., for OVCs and/or multi-sectoral programming
- Manage technical regional workshops on improving access to HAART, OIs, PMTCT, home-based care, and palliative care
- Provide technical leadership to Missions in the expansion of TB detection and treatment programs that provide access to both TB case detection and HIV services
- Provide technical leadership in BCC by increasing the knowledge base of risk-reduction behaviors and skills; increasing BCC/demand creation (particularly for balanced ABC interventions among bilateral Missions; and increasing BCC to create demand among pregnant women in high-risk populations to use PMTCT and care services
- Technical support to non-presence, basic (low-prevalence) and conflict countries/zones to provide a rapid response capability in the design and start-up implementation of multi-sector HIV/AIDS prevention programs in those countries and facilitate the exchange of experiences and lessons learned on a regional level.

IR2: Enhanced Human and Organizational Capacity to Respond to the Epidemic

The HIV pandemic has put significant pressure on health and other systems and has necessitated new and/or revised policies in multiple sectors. Under the health strategy, REDSO has spent significant efforts on improving regional capacity to influence HIV/AIDS programs at the country level. This has included improving systems as well as the overall policy environment. Many of these efforts will continue under the new HIV/AIDS strategy, though there will likely be need for new/additional partners.

The most recent – and incredibly complex – challenge confronting all levels and types of institutions responding to HIV/AIDS in the region involves rolling-out and scaling-up antiretroviral treatment programs. This will both continue and complicate the previously identified needs to improve delivery systems and to ensure that appropriate policies are in place across countries in both the public and private sectors.

This IR is intended to assist African institutions in all sectors in strengthening their response to the HIV/AIDS epidemic. REDSO will seek strategic partnerships with established organizations that are well placed to have an impact across the region. REDSO proposes to work through its regional partners in all sectors to develop sector-specific interventions that can be undertaken both regionally and at the national level. These entities will necessarily have wide membership and recognition among their member countries. As appropriate, REDSO will support regional policies, strategies, systems of support and protocols, which will allow for a greater regional ability to mitigate the impact of the epidemic.

Churches and religious organizations continue to be the largest and strongest (and sometimes the only) health care providers in East and Central Africa and will be key partners in the introduction and expansion of care, support and treatment services and program models. REDSO will provide technical leadership by supporting key religious organizations/networks and African religious leaders who can influence and leverage other African partners, networks, and faith-based communities across the region. It will also support a diverse group of community-based organizations, which are vital sources of support to individuals and households challenged by HIV and AIDS.

IR2.1: Skills enhanced

The development of training structures and systems that can produce large numbers of qualified providers able to treat infected individuals and to provide support to families is essential. It is particularly important to reach nurses and clinical officers, who are the first point of contact for most people seeking services. The HIV/AIDS Team, in collaboration with the health SO, will continue to support standardization of curricula, improved staff tracking systems, and higher quality training for medical personnel, and better health management systems.

Illustrative Activities

- Provide technical assistance and funding to the Regional Center for Quality of Health Care for the development of guidelines, training modules and course work on: VCT, PMTCT, OIs, ARV, TB/HIV, prevention components of care and support, palliative and home-based care.
- Lead in stigma and discrimination reduction through support to nascent network of leaders of faith organizations living with HIV/AIDS and through protection and promotion of the rights of PLWHA
- Improve capacity of African clinicians, nurses and other service providers through regional initiatives to improve curricula, education materials and job aids (RCQHC Handbook on Pediatric AIDS in Africa, job aids for lower level health care providers, PMTCT job aids)
- Support for human capacity development, including regional training interventions and development of guidelines and model pre-service and in-service curricula on HIV/AIDS for critical cadres of medical personnel and other groups, such as farmers' organizations

- Develop a plan for regional capacity development that will involve not only direct support of training and development of training materials, but also support for institutional coordination and collaboration, possibly in the form of technical networks involving other key partners
- Support to a Regional Interfaith Taskforce: facilitate development of interfaith networks, share lessons learned, and facilitate south-to-south technical and network support

IR2.2: Policy and legislative change advocated

Activities under this sub-IR will focus on furthering the process for policy and legislative change. REDSO will use its influence and linkages to work at both country and regional levels to promote necessary policy and legislative changes. This may involve advocacy on gender issues (especially inheritance and other rights of widows and orphans); broader human rights protections for people living with HIV; and regionally consistent policies on importation, distribution, and use of medications.

Within the private sector, there is a growing realization of the impact HIV/AIDS is having on productivity and a concomitant interest in ensuring continued corporate viability. Many are still in the process of defining appropriate workplace policies and what type of support to provide to their employees who are infected with HIV. REDSO will work with large, regional organizations and multinational entities to support the process of developing appropriate policies and practices. Additionally, as these entities gain experience with workplace policies, REDSO will facilitate dissemination across the region to harmonize, enhance, and educate on effective or successful policies.

Illustrative activities

- Support to regional or sub-regional organizations or advocacy groups that can affect the responses of national governments and Parliamentarians on human rights and policy issues related to HIV/AIDS
- Collaboration with Food Security to address these issues in the context of trade (particularly the provision of generic drugs)
- Work with relevant ministers and ministries to establish workplace HIV/AIDS programs and to effect necessary policy changes to establish a supportive policy/regulatory environment.

IR2.3: Systems to deliver quality prevention, treatment, care and support enhanced

Cost-effective, well-managed and accountable systems are an essential prerequisite for the reliable delivery of quality services in HIV/AIDS prevention, treatment, care and support. In the REDSO region, health services are delivered by both the public and private sector, with, in some countries, approximately 50% of health services being provided by faith-based organizations. REDSO will continue its earlier work to support selected financial and technical approaches to strengthen health systems and ensure high quality services.

Interventions will be prioritized based on REDSO's potential to affect country-level services through identifying key issues and working with networks, funding studies, and working through credible and influential partners to achieve results. For example, the HIV/AIDS team will work with SO7 to support the incorporation of an HIV/AIDS module into the National Health Accounts; and, as noted above, will work in collaboration with other agencies, to strengthen systems supporting human capacity development.

A priority for REDSO's program under this sub-IR will be to address the management of drugs and commodities related to HIV/AIDS. There are a growing number of countries in the region implementing or preparing for large-scale antiretroviral (ARV) programs. There is also growing concern about inappropriate usage or management of pharmaceuticals, particularly antiretrovirals. In close collaboration with the Health SO, REDSO will work with bilateral Missions and country programs, and emerging regional organizations (such as the Regional

Pharmaceutical Committee) to develop appropriate systems to monitor and strengthen drug procurement and logistics in the region.

REDSO's objective will be to achieve regional agreement on a range of policy and systems issues affecting the provision of antiretrovirals. REDSO will work with bilaterals, WHO, African partners, CDC, and others to ensure that standards and capacities for drug monitoring are created. Activities may include working across countries to harmonize procurement and prescription protocols for antiretroviral and other drugs, and identifying best practices in community support for people living with HIV/AIDS on ARVs. REDSO will also work with relevant regional policy-making bodies and customs and trade groups to alleviate trade barriers to the movement of antiretrovirals and other drugs. Under the high-level funding scenario, REDSO could also be in a position to implement and fund regional pilot projects and targeted evaluations that identify best practices in ARV provision, and to provide ARV drugs as needed to support these activities.

In carrying out this activity, REDSO will ensure that the specific activities under this sub-IR are in agreement with USAID/Washington's development policies and priorities.

Illustrative Activities

- In collaboration with regional donors, expand the use of the National Health Accounts to monitor expenditure of HIV/AIDS funds at central, provincial, and district levels
- Examine the impact of HIV/AIDS on the financial and managerial aspects of Community Health Insurance systems
- Through the regional pharmaceutical committee, advocate for, gain consensus on, and implement approaches to improve drug and commodity supply systems and management at the country level;
- Lead regional coordination to strengthen and harmonize national drug policies, legislation and regulations in ESA;
- Establish a regional mechanism to support pooled procurement or collaborative informed buying of essential drugs and supplies;
- Disseminate and institutionalize national HIV/AIDS program planning models for drug procurement and logistics;
- Examine the range of options for delivery and ensuring compliance with ARV treatment and disseminate best practices;
- Work with the private and public sectors on expanding the provision of treatment in the workplace.

IR3: Information Exchanged, Lessons Learned, and Best Practices Disseminated

One major role REDSO will play under the new strategy is to serve as a “clearing house” for information, experience and lessons learned from bilateral Missions. REDSO is well poised to collect information on a host of epidemiological, qualitative research, sero and behavioral surveillance studies, especially in marginalized or hard-to-reach populations throughout the region. This IR and its sub-IRs will address the importance of data collection and dissemination of information on HIV/AIDS issues and programs throughout the region to bilaterals.

IR 3.1: Key regional issues identified and researched

In order to promote greater impact of HIV/AIDS interventions within the region, the REDSO team will collect and analyze data on common issues and constraints affecting successful implementation of programs and will also work with PEPFAR countries to identify models for clinical and community-based care. REDSO will work with different sectors to conduct studies on the impact of HIV/AIDS on the sector, to present the data in regional forums, to identify gaps, and to support systems to collect such sectoral data on a regular basis

Availability of accurate and current epidemiological data on HIV prevalence and the changing size and nature of populations most at risk and the availability of services available to them is essential for country-level programs to achieve maximum impact. REDSO will work closely with AID/Washington and the Missions to ensure that it is up-to-date on the latest epidemiological data and regional trends. Stronger data analysis should lead to stronger program planning, better allocation of resources, and the identification of gaps in available data.

Illustrative Activities

- Continue support for study of integrating family planning into HIV services
- Conduct in-depth reviews of PMTCT programs in the region to identify gaps to be addressed on a regional level; for instance, uptake in many programs is still very low and issues related to the causes and successful interventions within the region need to be understood and shared
- Evaluate channels for service delivery in conflict-affected communities or in mobile populations
- Review faith-based approaches and capacities in provision of care, treatment and support
- Examine cultural practices within the region that inform and shape adolescent sexual behaviors, both safe and unsafe
- Evaluate new approaches to food support, nutrition and livelihood for PLWAs and their families
- Evaluate low-labor/high-value crops for households affected by HIV/AIDS (in collaboration with the Food Security SO)
- Develop a multi-sectoral research agenda where feasible, for example, to examine effective responses to the plight of orphans and vulnerable children; effective responses to income generation for vulnerable populations; or formative influences and constraints on the development of adolescent sexual choice
- Conduct comprehensive analyses of the impact of HIV/AIDS on agriculture, commerce, industry, and trade for multiple countries using a common methodology
- REDSO will supplement/complement ongoing surveillance efforts in close coordination with bilaterals and host country health officials by providing technical or material support for data collection, especially in inter-country settings for assessment work, surveillance and evaluation
- Utilize improved methodologies of surveying high-risk and other marginalized populations
- Work with AID/Washington to identify emerging trends and issues and provide up-to-date reports on the dynamics of HIV transmission, spread and risk-related behaviors

IR 3.3: Collection, analysis and dissemination of information in the region improved

REDSO will conduct regional technical meetings to discuss and disseminate critical information, review progress and identify common issues and approaches to problems. This will ensure continued informed decision-making for effective policies and programs through the proactive dissemination of information. Critical topics for discussion will be identified in collaboration with AID/Washington, the Missions and the HIV/AIDS Task Force. The HIV/AIDS Team will also be available to present key issues at meetings of other agencies and sectors.

In addition, REDSO will build on its tradition of developing and supporting regional networks as a means of improving the analysis and dissemination of information in the region. REDSO has historically worked with a number of partners and implementing organizations. In the revised framework, REDSO will continue to facilitate information sharing across key organizations with the intent of sharing lessons.

Illustrative Activities

- Hold regional technical meetings to review progress, discuss lessons learned, and discuss interventions that have been particularly successful. These would most likely surround

particular themes, i.e. BCC, PMTCT, care and treatment, monitoring and evaluation and involve selected target participants

- Disseminate findings of critical and innovative research (follow-up to IR 3.2)
- Strengthen networks for information exchange in critical technical areas
- Collaboration with and participation of relevant sectors in collection and dissemination of lessons learned.
- Support the Regional Centre for Quality of Health Care Behavior Change Communications network (RCQHC). Renew emphasis on quality behavior change communications by Africans through African structures, as well as the design and management of quality VCT and PMTCT services as key component of HIV/AIDS prevention
- Support the African Network for the Care of Children Affected by HIV/AIDS to develop pilot programs for children infected and affected by HIV/AIDS, including expanding linkages with PMTCT programs to strengthen follow-up care of HIV-exposed children
- Strengthen and expand innovative FBO initiatives in prevention, particularly abstinence for youth and partner reduction in the general population. Identify and support the innovative utilization of balanced ABC approaches to behavior change. Facilitate regional faith-based and interfaith networks and meetings that bring together leaders and community members to plan prevention and mobilization activities

IR4: Effective Programs Implemented in Target Populations

REDSO will address HIV/AIDS and its impact through direct population-level interventions. IR4 interventions will integrate and coordinate responses at a regional level through multisectoral approaches and directly mitigate impact among migrant and cross-border populations that may not be reached through USAID bilateral programs.

Through interventions in a range of strategic sectors and through regional partners operating in those sectors (i.e., health, food security, education, democracy and governance, conflict mitigation), IR4 will expand opportunities for expansion of successful HIV/AIDS interventions in prevention, care, treatment and support.

IR4.1 Cross-border activities implemented

Cross-border activities will focus on effective prevention and care programs and commodity coverage for high-risk mobile, migrant, cross-border or displaced populations, and particularly on increased involvement of marginalized youth populations. These activities will directly contribute to achievement of the PEPFAR target for prevention of new infections and provision of care. Cross-border interventions will address the underlying factors and risks related to multiple sexual partners and the barriers to condom use for populations at risk such as discordant couples, commercial sex workers and their clients. Proven successful HIV/AIDS activities will be implemented focusing on improved prevention and communication programs on behavior change and abstinence, especially among youth. This is a priority for USAID/REDSO's regional HIV/AIDS program.

Interventions to improve access to HIV/AIDS care (HAART, OIs, PMTCT, home-based care, and palliative care) will also be implemented in targeted populations as appropriate, based on the ability to provide reliable services and the status of individual country policies on provision of treatment. USAID experience in provision of treatment, care and support is growing, but is still new and uneven across countries in the region. The HIV/AIDS Team will address these issues through various mechanisms, including direct program implementation in critical areas and populations that are not currently served by bilateral programs.

Illustrative Activities

- Cross-border or "Hot Zone" BCC and information interventions where mobile populations interact with high-prevalence groups in the Horn and the Great Lakes Region

- Interventions targeting populations displaced due to conflict include 1) direct technical assistance to Missions with conflict zones; 2) provision of start-up or seed programs to leverage on-going bilateral Mission response and support; 3) integrate HIV components into regional humanitarian relief interventions
- Collaboration with relevant sectors and institutions in developing cross-border programs; for example, with faith-based and youth groups, working in collaboration with the education, food security and conflict resolution sectors to develop innovative regional radio programming that targets cross-border, pastoralists or marginalized populations.

IR4.2. Multi-sectoral activities initiated

The complex and fragile mix of political, military, social and economic tensions, combined with cycles of drought in East and Central Africa, further challenge efforts to mitigate the impact of HIV/AIDS on individuals, households and communities affected by HIV. The connections between food security, nutrition, conflict and HIV will require constant monitoring and an enormously flexible program response. USAID/REDSO is well-positioned to engage and integrate HIV/AIDS, health and nutrition, FFP/Title II and humanitarian relief programs to respond to the needs of specific vulnerable and HIV/AIDS-affected individuals throughout the region.

HIV/AIDS activities will also be integrated into existing programs in other REDSO SO programs and sectors where and when appropriate. For example, HIV/AIDS activities will be integrated into other REDSO SO programs, such as those targeting truckers along the transit routes in Burundi, DRC, Kenya, Rwanda and Uganda. In collaboration with the Conflict SO, REDSO will develop and implement HIV prevention programs in hard-to-reach, conflict prone and cross-border areas where more conventional programs are difficult to sustain. Other activities will be explored with SO sectors in REDSO.

Illustrative Activities

- Systematically link Title II resources into home and community-based HIV/AIDS care programs and further integrate food aid to support orphan and vulnerable children programs to increase the efficacy of HIV mitigation programs
- Collaboration with PHN (nutrition), Food Security (agriculture) and Food For Peace (food aid) in working with USAID Missions to assist them to introduce or scale up approaches to increasing access to nutritious food for those affected by HIV/AIDS, and integrating nutrition into HIV treatment and care programs
- Monitor and evaluate, possibly through targeted operations research, the efficacy of current approaches to food aid, assessment methodologies in high and low prevalence communities, and improved targeting of relief assistance to HIV vulnerable groups
- Develop specific farmer field-school methodologies for AIDS orphans
- Strengthen programming in conflict-affected areas and among displaced persons and refugees
- Work across all SOs to address long-term livelihood issues exacerbated by HIV/AIDS, with particular attention to gender concerns such as vocational training and land rights.
- Help fund Global Development Alliances for work in the private sector to expand availability of nutritious weaning foods for children of HIV-infected mothers.
- Develop linkages with regional organizations in agriculture and trade to strengthen workplace and community-based efforts on mitigation of the impact of the epidemic.

E. Critical Assumptions

For the REDSO HIV/AIDS regional program to be effectively implemented and achieve significant results, the following assumptions are critical:

- Sufficient yearly funding to support and implement regional HIV/AIDS programs

- Sufficient funding for HIV/AIDS programs in non-presence countries
- Continued technical and program support from USAID/Washington to REDSO Regional HIV/AIDS Task Force
- Buy-in to REDSO cross-sectoral programs from bilateral Missions
- Regional absorptive potential and/or capacity to implement ART and other treatment for HIV/AIDS care
- Expansion and long-term success of anti-corruption initiatives to guard against waste, diversion, and/or misuse of the increasing volume of ARVs that will flow into the region
- Adequate staffing in and among the regional HIV/AIDS Task Force to implement regional HIV/AIDS programs

F. Implementation Modalities

The REDSO FY04-10 regional multisectoral strategy will utilize a diverse but limited number of mechanisms to implement this new strategy. REDSO will use field support mechanisms, Indefinite Quantity Contracts (IQCs) where feasible, TAACS and CASU for staffing, direct contracts, cooperative agreements, or grants where feasible, and the Leader with Associate Awards (LWA) under the CORE Initiative, and other LWAs when and if possible. It is important for the success of regional programming that REDSO contractors and CAs have a presence in the region, preferably in Nairobi.

To minimize the administrative burden, priority will be given to using or amending existing bilateral agreements in the various sectors or expanding use of field support. To reduce the need for substantial increases in REDSO personnel, a new IQC may be developed to undertake a number of the M&E, technical assistance, and other functions sometimes previously undertaken by Mission hires.

VI. RESULTS AND REPORTING

A. Magnitude and Nature of Expected Results

REDSO will work collaboratively with bilateral Missions and NPC programs to reduce the impact of the HIV/AIDS pandemic in the region. The result expected at the strategic objective level is *strengthened programs for HIV/AIDS in the region*. It is expected that strengthened programs will result in greater access and utilization of services, which will in turn contribute to reduction in or stabilization of HIV prevalence in countries in the region.

B. Performance Indicators and Targets

Although USAID/REDSO is not responsible for the reduction of national sero-prevalence levels, the regional HIV/AIDS program is committed to contributing to PEPFAR targets on prevention, care, treatment and support, and to measuring achievement, where possible, using Department of State/USAID performance measures. Indicators will be developed and guided by these performance measures and UNGASS indicators. However, since regional programs achieve many of their results indirectly, through influencing the content or knowledge base for country programs, several of REDSO's expected results are not addressed in the current global measurements.

The REDSO HIV/AIDS program will report seroprevalence data among the 15-24 age cohort for programs with targeted populations as that data becomes available. Determining baselines will require that special assessments be carried out for non-presence countries and for special populations such as cross-border groups, transport-workers, pastoralists and groups not otherwise reached by bilateral programs.

Indicators for the SO, the four IRS and the sub-IRs are being developed under leadership of the REDSO PDI. Selected illustrative SO-level and IR-level indicators are presented below.

SO: Strengthened Programs for HIV/AIDS in the Region

- % of REDSO supported programs that are meeting USAID standards of excellence in program design and implementation.
(An agreed upon set of standards will have to be established in collaboration with AID/W and the field missions. These standards could apply to Mission and partner designed programs. Assessments could be made every other year by a team of mixed reviewers.
- % of USAID supported programs that have adopted or replicated at least one of the better practices advocated by REDSO.
The percentage number would be supplemented with narrative on specific programs and the impact the better practice is having.

IR1: Strengthened USAID Technical and Strategic Leadership

- % of PEPFAR and other bilateral country programs that can provide specific examples of the role that REDSO has played in strengthening their programs (This information can be obtained during the REDSO annual survey).
- % of USAID mission and HIV/AIDS program support staff that has completed a required list of state of the art training programs.
- % of REDSO supported programs that are meeting 50% of USAID identified standards of excellence in program design and implementation.

IR2: Enhanced Human and Organizational Capacity to Respond to the Epidemic

- Number of training courses developed
- Number of policy changes advocated

- Number of countries in the region addressing regulatory barriers to ARV and drug procurement
- Number of regional organizations that have begun either prevention, care or treatment programs targeting their workforce
- Number of sectoral impact assessments completed or disseminated
- Number of HIV organizations/companies/umbrella organizations provided with Technical Assistance related to policy or capacity building

IR3: Information Exchanged, Lessons Learned and Best Practices Disseminated

- Number of research topics identified and studies completed and disseminated
- Special sectoral surveys among target populations completed and disseminated
- Number of activities implemented by networks

IR4: Effective programs implemented in Target Populations

- Number of facilities/programs providing community outreach HIV risk avoidance/reduction, care and treatment services
- Number of facilities/programs providing community outreach HIV risk avoidance/reduction services that include abstinence/faithfulness messages
- Number of individuals served in community outreach HIV risk avoidance/ community outreach HIV risk avoidance/reduction services
- Number of persons trained to provide community outreach HIV risk avoidance/reduction community outreach HIV risk avoidance/reduction services
- Number of clients in special populations reached with HIV prevention, care and treatment services
- Number of orphans and vulnerable children programs receiving USAID assistance
- Condom use at last risky sex
- Number of individuals reached by community and home-based care programs assisted by USAID
- Number of clients who received VCT services among special populations

C. Contribution to PEPFAR and UNGASS Targets

While the PEPFAR and UNGASS targets are either national or global in nature, several of the HIV/AIDS activities proposed for REDSO's regional program will materially contribute to achievement of these important goals. Cross-border activities planned under IR4 to address target populations will be measurable using selected PEPFAR indicators and will therefore contribute to rolling up the Department of State/USAID global goals for PEPFAR. Global indicators to measure the impact of regional programs in the areas of policy, capacity-building, and information exchange (IR2 and IR3) are still evolving. It is expected that as REDSO develops and uses relevant indicators for these activities this will contribute to the global discussion.

As the Performance Monitoring Plan for the new strategy is developed, the team will make every effort to use (and/or adapt to a regional hierarchy as necessary), the UNAIDS and UNGASS standards for the Agency reporting system so that most data are compatible.

D. Surveillance, Surveys, and Monitoring and Evaluation

In addition to the gathering and analysis of existing information as described under IR3, the REDSO HIV/AIDS program will conduct its own studies in the region. These studies will be carried out in collaboration with the bilateral Missions, AID/Washington, and SGAC. They will include in-depth program reviews on specific technical issues, targeted evaluations on select technical topics, policy reviews and analysis, and regional overviews of technical guidelines and issues related to their implementation. These studies will be carried out in collaboration with the

bilateral Missions in order to provide these programs with lessons learned and best practices from the region.

The REDSO HIV/AIDS program will also conduct audits and independent evaluations of the program.

VII. RESOURCES AND MANAGEMENT

A. Expected Level of Program Funding for the Strategy

Based on guidance provided by the Washington TDY team, REDSO has been encouraged to project staffing and results at three funding levels over the strategy period: flatline/low, medium, or high level funding. This translates into annual and seven-year strategy period totals detailed in the table below. The number given in the flatline/low scenario is based on the current amounts submitted in REDSO's FY04 Congressional Budget Justification (CBJ). These levels do not include any HIV/AIDS funds for Burundi or other NPC country programs.

Table 3

Funding Level	Annual	For Strategy Period (2004-2010)
Flatline/Low		
Medium		
High		

REDSO will also explore other opportunities for raising resources, such as developing Global Development Alliances, Mission buy-in to REDSO programs, collaborative program funding with other donors (for example to provide equipment, drugs, or ARVs), or other innovative management approaches.

B. Staffing Complement

After close consultation with Mission management, USAID/Washington TDY and virtual advisors, and the MST, the following positions are proposed for the HIV/AIDS team. Further discussions are anticipated within the Mission to determine whether or not HIV/AIDS-specific positions will be needed by any other SO teams or technical offices. Current filled positions are in bold type.

The HIV/AIDS team will also be supported by the Task Force, comprising staff in the other REDSO SO offices who will be collaborating with SO8 to achieve the goals of the regional HIV/AIDS strategy (see pages 17-18).

HIVAIDS SO TEAM POSITIONS

- Senior HIV/AIDS Officer/Team Leader
- Senior HIV/AIDS, Behavior Change and Multi-sector Advisor
- HIV/AIDS Care, Treatment and Support Advisor
- HIV/AIDS Care, Treatment and Support Specialist
- HIV/AIDS PMTCT Advisor
- HIV/AIDS Information/M&E Specialist
- HIV/AIDS Program Assistant
- Secretary

C. Program Outputs and Results at Higher and Lower Resource Levels

Under a flatlined budget scenario for the seven-year strategy, REDSO will be able to implement select HIV/AIDS activities in highly targeted areas of the region where needs are greatest. Further, REDSO will report results against targeted populations and programs in the regions selected. In addition, current work with regional networks will continue and expand to complement bilateral programming in the PEPFAR countries, with nominal contributions to PEPFAR goals.

If the Mission is to receive medium-level or high-scenario budget figures, REDSO will expand its geographic focus to include additional vulnerable populations and will implement a broad range

of the prevention, care/treatment/support activities specified in this strategy. Specifically, the high-scenario budget would enable REDSO to scale-up its interventions with targeted populations, particularly in the areas of treatment and care and, to some extent, procurement of ARVs and drugs. REDSO would be in a position to contribute more fully to the PEPFAR targets, by addressing cross-border, marginalized and vulnerable populations and technical support to bilateral programs.

D. OE Contribution

No increase in OE beyond inflationary adjustments from the current levels is anticipated. The current staffing level for the HIV/AIDS Team includes two OE positions: the Direct Hire position and the secretary supporting that direct hire.

E. Management

The regional HIV/AIDS strategy will be managed through a new approach that involves all REDSO SOs and Missions in the region in providing regular input and feedback to the regional program. This will necessitate developing new mechanisms to ensure that all REDSO SOS and bilateral Missions share in ownership of the program. These will include meetings of the multi-sectoral HIV/AIDS Task Force, regular structured exchanges with the Missions, and joint development of selected activities. It is intended that as the program develops, the Missions in the region will increasingly view it as responding to their needs and adding value to their country activities.

Within REDSO, the multi-sectoral HIV/AIDS Task Force will continue to meet throughout the life of the strategy. REDSO will encourage bilateral Missions and, to the extent possible, other members of USG Agencies implementing HIV/AIDS programs to appoint a representative to attend Task Force-sponsored semi-annual program reviews. The HIV/AIDS Team will be responsible for developing annual workplans, budgets, and review and reporting plans, which will be presented for discussion to the Task Force, the body representing all REDSO SOS and management units.

REDSO will also look for opportunities to take the lead in bringing together other USAID regional offices, partners from different sectors, bilateral Missions, and other US government agencies to share best practices and develop the knowledge base across the wider Sub-Saharan African region. REDSO will also ensure that the Southern Africa Regional HIV/AIDS Program, the West Africa Regional Program and the Regional Center for Southern Africa are well informed about the progress of REDSO's HIV/AIDS program.

The transition of the HIV/AIDS program from the health-focused activities established previously under the health SO to a larger, more integrated multisectoral HIV/AIDS program will involve the entire Mission. Some of the current HIV/AIDS activities will continue and will be co-managed by the health SO and the HIV/AIDS Team. HIV/AIDS funds will only be used for the HIV/AIDS-related activities implemented by other SO teams (per CSH guidelines on use of HIV/AIDS funds).

The HIV/AIDS team will be both a coordinating and an implementing unit. Beginning with FY04, the HIV/AIDS Team will have primary responsibility for managing and reporting on all HIV/AIDS funds. Besides funding SO8 activities, a portion of the funds may be obligated under other SOs, determined by the prospective results they achieve and will be carried out in consultation with all members of the Task Force.

Management of multi-sectoral activities will be determined through discussions between the HIV/AIDS Team and the SO teams. SOs that receive HIV/AIDS funds will be responsible for their immediate financial management, such as tracking pipeline and accruals. Accountability,

results reporting and management will be shared between REDSO's Office of HIV/AIDS and the respective SO. At the program design stage, the HIV/AIDS Task Force and the SO teams will discuss specific management issues such as the placement of, CTO technical location for, financial and program management of, and reporting on activities funded through SO8; the mechanisms for working with common partners; and the parameters to be set for co-funding of activities. The HIV/AIDS team will, as stated above, have primary responsibility for reporting on all HIV/AIDS funds and all results under those funds. Other SOs will be expected to appoint a manager who will be responsible for directing activities with that SO's partners and implementing agencies.

F. Environmental Considerations

REDSO Regional HIV/AIDS program, SO8, will integrate and coordinate responses at a regional level through multisectoral approaches that focus on prevention efforts to reduce the spread of HIV, expanding treatment and care for infected individuals, and reducing the impact on affected families and communities contending with increased orphaning and impoverishment, as well as the population level impacts of the epidemic such as food insecurity and economic decline. Activities will be implemented throughout the region by a large number of contracted and cooperating agents.

As opposed to the REDSO SO 7 Regional PHN program, direct health service delivery is involved in SO 8. For example, IR4 interventions will directly mitigate impact among migrant and cross-border populations that may not be reached through USAID bilateral programs. Direct program implementation is also anticipated in provision of treatment, care and support, especially in critical areas and populations that are not currently served by bilateral programs.

Potential Environmental Issues

Many SO 8 activities involve training, institutional strengthening and similar activities with no direct effects on the environment. However, direct program implementation might be considerable in programs for target populations in areas such as the design and management of quality VCT and PMTCT services, and the provision of antiretroviral drugs. This will call for appropriate policies and practices across the countries in both the public and private sectors, including such matters as proper waste disposal. Little or no construction is anticipated. Limited equipment is to be provided to health care institutions.

While the potential for negative impact of the SO 8 programs is limited, a dialogue has begun with the REDSO HIV/AIDS Health team and the relevant environmental issues will be addressed during the preparation of the Initial Environmental Examination (IEE) of the SO 8 programs once they are approved, and the strategy's implementation mechanisms are clarified.

Explicit linkages to environmental sustainability and possible synergies with environment programs are not usually sought. However, any activity related to environmental health, such as Natural Resource Management interventions in community based organizations could potentially include components of HIV/AIDS services.

Recommendations

Several potential opportunities for increasing effectiveness of environmental programming are presented below:

- The SO-level IEE will provide the most effective means for achieving compliance and provide an opportunity for proactively incorporating environmental concerns into activities;

- Modules might be added (or strengthened) to include proper procedures for disposal of biohazardous wastes at VCT centers and health posts; and for proper water and sanitation practices as they relate to disease transmission;
- Programs intended to stem the tide of HIV/AIDS will have a salutary effect on the countries' health and economy, which can only reflect positively on the country's environmental future, both in relation to USAID programs, and more broadly.
- Through interventions in a range of strategic sectors and through regional partners operating in those sectors (i.e., health, food security, education, democracy and governance, conflict mitigation), SO 8 will expand opportunities for expansion of successful HIV/AIDS interventions in prevention, care, treatment and support. This lends itself to appropriate integration of environmental quality considerations. For example:
 - SO teams could seek to understand better the environmental components of HIV/AIDS programs. If during the implementation, linkages to environmental changes are established, the SO partners could work to enhance the sustainability and impact of their programs in appropriate ways, such as including education about these linkages in HIV/AIDS services.
 - SO teams can encourage the Ministry of Health and other appropriate actors to ensure that WHO guidelines and standards are applied to the management of healthcare wastes, esp. those associated with testing and treatment of HIV/AIDS-affected persons.

ANNEXES

ANNEX A: DEFINITIONS OF COUNTRY DESIGNATIONS

Basic, Intensive-Focus, Rapid Scale-Up

The Administrator's 2002 Operational Plan channeled more resources to rapid scale-up and intensive-focus countries. These countries, along with the regional programs offices, received increased funding for technical assistance, staffing, access to commodities, and rigorous monitoring and evaluation.

The Plan envisioned that basic countries would benefit from strengthened regional programming and regional structures that would focus USAID resources on "hot spots" within the region, where the epidemic is expanding rapidly, and that would address cross border issues.

- **Rapid Scale-Up Countries** (to achieve measurable progress in 1-2 years)
Kenya, Uganda
- **Intensive-Focus Countries** (to achieve measurable progress in 3-5 years)
Ethiopia, Rwanda, Tanzania
- **Basic Countries** (budget levels maintained, expected to benefit from regional programming)
DR Congo, Eritrea, Madagascar

Emergency Plan for AIDS Relief Countries

In REDSO region: **Ethiopia, Kenya, Rwanda, Tanzania, Uganda**

Other African countries: **Botswana, Cote d'Ivoire, Mozambique, Namibia, Nigeria, South Africa, Zambia**

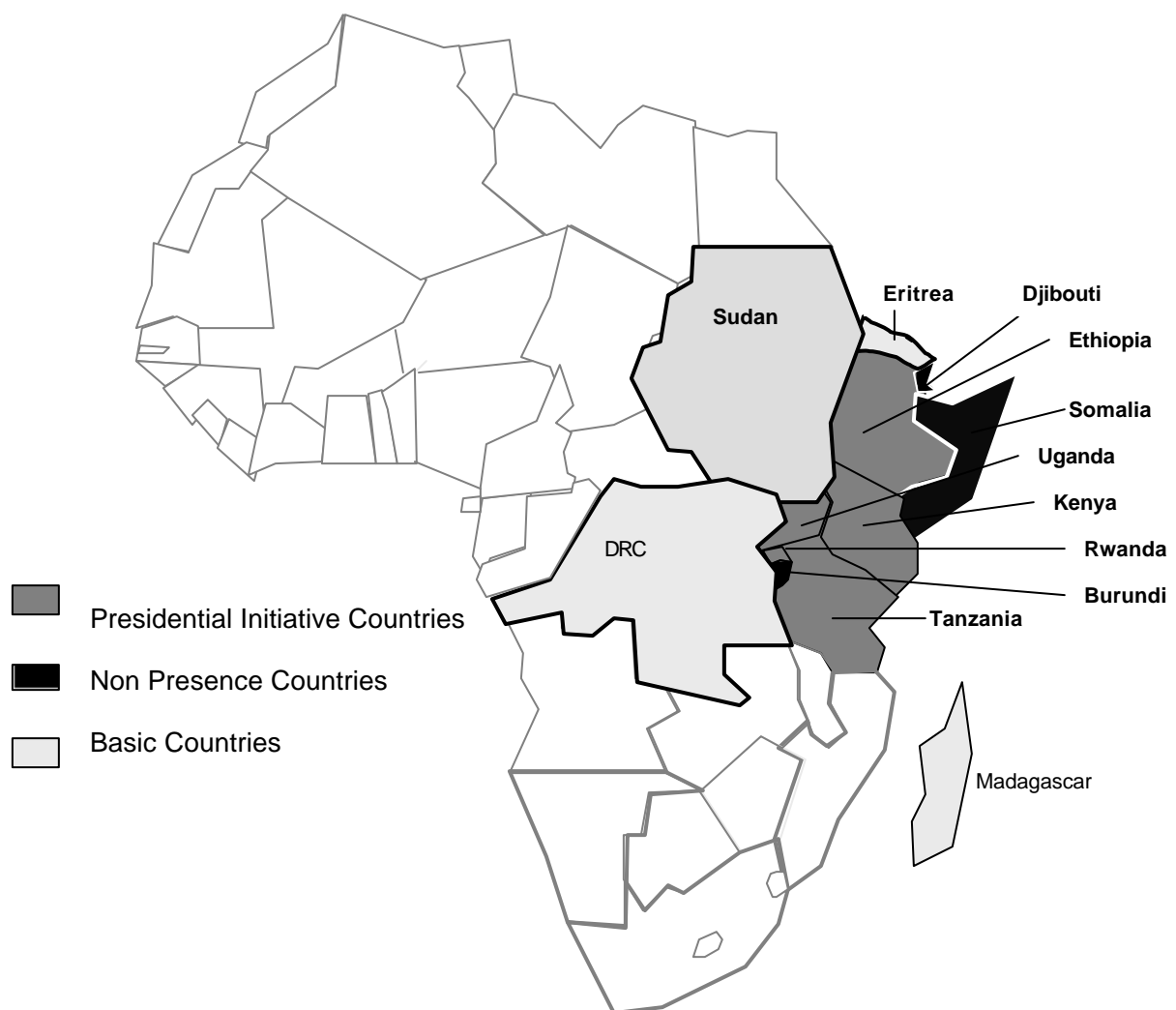
The Caribbean - **Guyana, Haiti**, and a regional effort through the **Caribbean Epidemiology Center (CAREC)**.

Non-presence countries

Countries with limited or no USAID presence in-country

ANNEX B: Map of REDSO Region

REDSO REGION



Annex C: Epidemiologic Statistics 2001, by Country

Country	Pop in Millions	HIV Prev	AIDS Deaths	AIDS Orphans	Adults Living with HIV	CPR*	Attended Births	Maternal Mortality Rate	Infant Mortality Rate	Total Fertility Rate
Burundi	6.2	8.3	40,000	240,000	330,000	0.09	0.25	1900	120	6.8
DROC	51.4	5.1	120,000	930,000	1,100,000	0.08	0.70	940	91	6.7
Djibouti	6.0	<i>na</i>	<i>na</i>	<i>na</i>	<i>na</i>	<i>na</i>	<i>na</i>	<i>na</i>	<i>na</i>	<i>na</i>
Eritrea	4.1	2.8	350	24,000	49,000	0.08	0.21	1100	89	5.7
Ethiopia	64.3	6.4	160,000	990,000	1,900,000	0.08	0.10	1800	115	6.8
Kenya	29.5	13.9	180,000	546,965	2,000,000	0.39	0.44	650	65	4.4
Madagascar	16.4	0.3	0	6,300	21,000	0.19	0.47	580	100	6.1
Rwanda	7.9	8.9	49,000	260,000	430,000	0.21	0.31	2300	122	6.2
Somalia	9.2	1	0	-	43,000	0.001	0.34	1600	122	7.3
Sudan	31.8	2.6	23,000	62,000	410,000	0.08	0.86	1500	86	4.9
Tanzania	36.0	7.8	140,000	810,000	1,300,000	0.24	0.36	1100	81	5.5
Uganda	24.0	5	84,000	880,000	510,000	0.15	0.38	1100	106	7.1
Totals			796,350	4,749,265	8,093,000					

Source: UNAIDS, 2002

* Contraceptive Prevalence Rate

ANNEX D: HIV/AIDS Services Availability and Usage in East and Central Africa

Service Availability and Usage, 2001												
VCT	<i>DJI</i>	<i>ERI</i>	ETH	KEN	<i>SOM</i>	<i>SUD</i>	TAN	UGA	<i>MAD</i>	<i>BUR</i>	<i>DRC</i>	RWA
No. clients			3,000				25,049	20,000	193	2,800	26,000	2,177
Public/NGO sites			20	74			92	45	2	6	80	4
Private sector sites			20	0			0	0	0	0	0	10
PMTCT	<i>DJI</i>	<i>ERI</i>	ETH	KEN	<i>SOM</i>	<i>SUD</i>	TAN	UGA	<i>MAD</i>	<i>BUR</i>	<i>DRC</i>	RWA
Number of clients			50	6,664			1,961	41,000		0	4,185	1,800
Public/NGO sites			3	19			5	18		0	1	3
Private sector sites			0				0	0		0	0	6
ARV Therapy	<i>DJI</i>	<i>ERI</i>	ETH	KEN	<i>SOM</i>	<i>SUD</i>	TAN	UGA	<i>MAD</i>	<i>BUR</i>	<i>DRC</i>	RWA
Number of clients			0	0				5-8000				
Number public/NGO sites			0	2				8				
% private sector services			0	0				5				

Level of care for OIs	<i>DJI</i>	<i>ERI</i>	ETH	KEN	<i>SOM</i>	<i>SUD</i>	TAN	UGA	<i>MAD</i>	<i>BUR</i>	<i>DRC</i>	RWA
Capital city			Minimal	Essential			NA	Essential	Minimal	Minimal	<i>Advanced</i>	Essential
Other urban areas			Minimal	Minimal			NA	Minimal	Minimal	Minimal	<i>Inter-mediate</i>	Essential
Rural areas			Minimal	Minimal			NA	Minimal	Minimal	Minimal	<i>Minimal</i>	Minimal
Adults receiving CTX**			NA	NA							2,614	
Children receiving CTX**			NA	NA							100	
Adults receiving isoniazid			0	0							0	

CTX** -
Cotrimoxazole

Source: Coverage of selected health services for HIV/AIDS prevention and care in less developed countries in 2001, WHO, November 2002

ANNEX E: REDSO/ESA: USAID Mission Activities In Client Countries
¹ UNAIDS ² USAID ³ World Bank
As of January 2003

	BUR	DJI	DRC	ERI	ETH	KEN	MAD	RWA	SOM	SUD	TAN	UGA
GFATM AIDS \$m (2 yrs) ³	4.9			2.6	55.4	39.6	3.7	8.0			5.4	36.3
Prevalence - Overall ¹	8.3		4.9	2.8	6.4	13.9	0.3	8.9	1.0	2.6	7.8	5.0
Conflict (Y, N or Post)	Y		Y	P	P	N	N	P	Y	Y	N	Y
Target Groups ²												
Youth: School-based				X		X		X				X
Youth: Out-of-school			X	X		X	X	X				
CSWs and their clients			X	X	X	X	X			X		
Military/police			X	X	X							X
Truckers			X		X	X	X					
OVC				X	X	X						X
Women				X		X				X		
Refugees/IDP										X		
Prevention Activities ²												
BCC / IEC			X	X		X	X	X		X	X	
Blood safety				X		X						
Condom / social marketing			X	X	X	X	X				X	X
Universal precautions												
VCT			X	X	X	X				X		X
STI diag / treatment			X	X	X	X	X	X	X	X	X	X
Youth: ARH programs					X	X						
Workplace programs					X	X					X	X
PMCT						X		X				
FBO/CBO				X	X	X		X	X	X	X	X
Human rights / Stigma			X	X	X	X					X	X
TB / HIV			X			X						
Policy/Advocacy				X	X	X	X				X	
Care and Support ²												
Home based care						X						X
Post-test clubs						X						X
TB prevention and care						X						X
OI Prophylaxis /treatment						X						X
ARVs: drugs/ monitoring						X						X
Orphans: Institution-based												
Orphans: Community-based					X	X		X				X
Other ²												
Logistics/commodities						X						
Food					X	X		X				X
Surveillance					X							
Multi-sectoral Program						X					X	X

Annex F: Country Coverage of REDSO Partner Organizations

REDSO Countries	IGAD	COMESA	EAC	ASARECA	NC-TTCA	AU/IBAR	CAFS	CRHCS	RCQHC
Partner SO	FS	FS	FS	FS	FS	FS	PHN	PHN	PHN
Burundi		x		x	x	x	x		x
DRC		x		x	x		x		
Djibouti		x				x	x		
Eritrea	x	x		x		x	x		x
Ethiopia		x		x		x	x		x
Kenya	x	x	x	x	x	x	x	x	x
Madagascar		x		x			x		
Rwanda		x		x	x	x	x		x
Somalia	x								
Sudan	x	x		x		x	x		
Tanzania		x	x	x		x	x	x	x
Uganda	x	x	x	x	x	x	x	x	x
Angola		x							
Botswana							x	x	
Malawi		x					x	x	x
Mauritius		x						x	
Mozambique							x	x	x
Namibia		x					x	x	
Seychelles		x						x	
South Africa							x	x	
Zambia		x					x	x	x
Zimbabwe		x					x	x	